

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 09, 2002 8:00 am
Secretary of State

09-09-2002 90025 029 ***550.00

DOCUMENT # P96000088076

1. Entity Name
WILSON ROSS, INC.

Principal Place of Business Mailing Address

5213 S.W. 91ST DRIVE **5213 S.W. 91ST DRIVE**
GAINESVILLE FL 32608 **GAINESVILLE FL 32608**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

5745 SW 75th St **5745 SW 75th St**

Suite, Apt. #, etc. Suite, Apt. #, etc.

#262 **#262**

City & State City & State

Gainesville FL **Gainesville FL**

Zip Country Zip Country

32608 **USA** **32608** **USA**

4. FEI Number **59-3413632** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

HOLBROOK COLD, KATHLEEN
ONE INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete
NAME	DICKERT, PAUL W
STREET ADDRESS	5213 S.W. 91ST DRIVE
CITY-ST-ZIP	GAINESVILLE FL 32608
TITLE	D <input type="checkbox"/> Delete
NAME	DICKERT, MARK R
STREET ADDRESS	5213 S.W. 91ST DRIVE
CITY-ST-ZIP	GAINESVILLE FL 32608
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul W. Dickert
STREET ADDRESS	3939 SW 93rd Drive
CITY-ST-ZIP	Gainesville FL 32608
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mark R. Dickert
STREET ADDRESS	3409 54th Drive West #103
CITY-ST-ZIP	Bradenton FL 34210
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **8/26/02** **(352) 284-6752**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)